Instructions for Preparation of the Tennessee Medical Malpractice Reporting Form for Facilities and Providers for the Reporting Period of January 1, 2008 through December 31, 2008

Reporting Entity

To determine whether an individual, company or other entity qualifies as a "reporting entity" under the law, please refer to the Tennessee Medical Malpractice Reporting Act (the Act), Tenn. Code Ann. §§ 56-54-101, et seq.

Tenn. Code Ann. §§ 56-54-101, *et seq.*, may be viewed by entering the statute number in the "Search" box at the following web address:

http://www.michie.com/tennessee/lpext.dll?f=templates&fn=main-h.htm&cp=tncode

Submit Claims Information

All entities who have claims information to report must compile the data on the 2008 reporting form prescribed by the Department. The Tennessee Medical Malpractice Reporting Form for Facilities and Providers ("reporting form") can be found at the Department's website at www.state.tn.us/commerce/insurance/medExpRpt.html. The completed and compliant reporting form must be submitted on compact disk ("CD"). The reporting entity name must be clearly marked on the CD. Please be assured that the report shall not identify any individual entity or health care provider pursuant to Tenn. Code Ann. § 56-54-111.

The CD containing a complete and compliant report must be received at the aforementioned address on or before March 2, 2009.

Information and Guidelines for the 2008 Reporting Form due March 2, 2009:

- The reporting form is a Microsoft Excel workbook that contains two (2) separate worksheets for pending and closed claims. It is essential that the reporting entity use the appropriate worksheet to report all claims.
- A separate reporting form must be submitted for each individual reporting entity in the format prescribed by the Commissioner. Group reporting cannot be accepted.
- Reporting entities must complete the contact information at the top of the reporting form. This portion of the reporting form includes shaded areas. Successful insertion of the required information automatically removes the shading. This information is required to confirm compliance with the Act.

- Instructions have been embedded within the reporting form. To view the instructions for filling out the form, hold the cursor over the first row under each column heading. These instructions explain the correct formatting and type of data required. In some instances if the reporting entity attempts to include information in a format other than the established format, an error message will occur.
- The reporting form will expand to include additional rows as needed to accommodate the number of claims to be reported.
- All data submitted in the reporting form must be submitted on a CD in the form prescribed by the Commissioner. Reporting entities must use the updated form dated 2008. If any other form is used, it will be rejected. Rejected submissions will cause the reporting entity to be in non-compliance, and penalties set forth in the Act may apply.
- The reporting form shall contain information identifying those claims that have been subject to settlement, judgment, or alternative dispute resolution which were contained in a prior report as a pending claim.
- The reporting form shall contain the name and mailing address of the claimant's attorney. This must be the name of the individual attorney, not the name of the law firm. If there was more than one (1) attorney who worked on the claim, a separate Excel spreadsheet should be provided identifying the claim number and each claimant attorney's name and mailing address who worked on that claim.
- No column requiring information other than currency data should be left blank by the reporting entity; instead, enter "unk" for unknown, "NA" for not applicable, or "none", as appropriate.
- Any column requiring currency data which is left blank will be assumed to be zero (0).
- The Department expects reporting entities to use due diligence to discern the facts required to be reported.
- All data located in columns should be in alpha-numeric format unless otherwise stated. When using numeric data, only regular decimal formats should be used. No compressed or binary (small or larger integer) data will be accepted as valid.
- All licensed healthcare providers and facilities have a license number issued by the Tennessee Department of Health (DOH) or by the Tennessee Department of Mental Health & Development Disabilities (TDMHDD). The DOH license number should be expressed numerically without any other characters [e.g.-hyphens (-)] or spaces within the license number. To verify a DOH license number for facility, please visit the DOH website http://health.state.tn.us/HCF/Facilities Listings/facilities.htm. To verify a license provider. please visit the website number for DOH http://health.state.tn.us/licensure/index.htm. To verify if a TDMHHD facility is licensed. please visit the **TDMHDD** website https://mhddapps.state.tn.us/Licensure/Inquiry.aspx?RPT=TDMHDD%20License %20Inquiry. If licensed by TDMHDD the word "ves" should be entered in this field. If the facility or provider is not required to have a DOH or TDMHHD license, enter not applicable as "NA" in this field.

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COLUMN	DESCRIPTION OF DATA	TECHNICAL FORMATING OF
HEADING	SOUGHT	DATA SOUGHT
Pending Claims	This should contain	
Spreadsheet	information for pending claims	
	that have been made known to	
	the reporting entity either by a	
	lawsuit or by other means.	
	This should not include	
	information on claims that	
	have been paid pursuant to a	
	settlement, judgment or	
	alternative dispute resolution.	
Closed Claims	This should contain	
Spreadsheet	information for claims that	
1	have been settled or otherwise	
	disposed of by the reporting	
	entity, including claims that	
	were settled or adjudicated	
	with the condition of open	
	medical treatment for the	
	claimant. A claim may be	
	closed with or without an	
	indemnity payment.	
Entity Name	This should be the name of the	Data shall be in alpha-numeric
	reporting entity defined by the	format and reflect the name of the
	Act as responsible for	reporting entity as found in the
	reporting.	entity's licensure materials (e.g. –
	1	insurance company's certificate of
		authority).
Entity Address 1	This should be the address of	Data shall be in alpha-numeric
2110109 110001055 1	the reporting entity	format and reflect the home office
	are reporting entity	address of the reporting entity.
Entity Address 2	This field may be used if the	Data shall be in alpha-numeric
Entity Hadress 2	address of the reporting entity	format and reflect the home office
	is more than one (1) line, but	address of the reporting entity.
	may be left blank if the address	address of the reporting entity.
	of the reporting entity is only	
	one (1) line.	
Entity Address	This should be the address city	Data shall be in alpha-numeric
City	of the reporting entity.	format and reflect the home office
	of the reporting entity.	address city of the reporting
		entity.
Entity Address	This should be the address	Data shall be in alpha-numeric
State State	state of the reporting entity.	format and reflect the home office
State	state of the reporting entity.	address state of the reporting
		address state of the reporting

		entity. The address state shall be
		two (2) capitalized characters
		conforming to the United States
		Postal Service's state
- · · · · · ·		abbreviations conventions.
Entity Address Zip	This should be the address zip	Data shall be in numeric format
Code	code of the reporting entity	and reflect the home office
		address zip code of the reporting
		entity. This field shall be
		presented as a five (5) digit
		numeral. If known, the five (5)
		digit zip code may be followed by
		the United States Postal Service's
		"+4" code, in which case the sixth
		character must be a plus sign (+),
		with the seventh, eighth, ninth
		and tenth characters being
		numerals.
Contact Person's	This should be the name of a	Data shall be in alpha-numeric
Name and	contact person representing the	format, with the first name of the
Company, if	reporting entity or submitting	contact person stated first,
different than	the information on behalf of	followed by a space, followed by
Entity Name	the reporting entity. If the	the last name of the contact
	company name is different	person; followed by a comma (,)
	from the entity name, it should	and the contact person's company
	also be entered here.	name if different from the entity
		name.
Contact Telephone	This should be the telephone	Data shall be entered in alpha-
Number &	number of a contact person	numeric format. The ten (10)
Extension		digit telephone number should be
		entered with numerals and no
		spaces, hyphens (-) or parenthesis
		(). The ten (10) digits include the
		three (3) numbers for the area
		code, and seven (7) digit phone
		number. If there is an extension
		number, enter up to a maximum
		of six (6) alpha-numeric
		characters, where indicated.
Contact Electronic	This should be the electronic	Data shall be in alpha-numeric
Mail Address	mail address of a contact	format and reflect the full
	person.	electronic mail address of the
	_	reporting entity contact person.
(1)	This should be the identifier	Data shall be in alpha-numeric
Claim and Incident	assigned to the claim and	format and as found in the
Identifier	incident if companion claims	reporting entity's records.

	by a claimant have been made	
	against multiple defendants.	
(2)	This should list the type of	Data shall be chosen from a
Type of Health	health care provider against	listing of health care provider
Care Provider	whom the claim was made.	options found on the
Carcinovidei	whom the claim was made.	commissioner's form.
(2)	This should list the medical	Data shall be chosen from a
(3)		
Health Care	specialty of the health care	listing of health care provider
Provider Specialty	provider against whom the	specialty options found on the
(4)	claim was made.	commissioner's form.
(4)	This should be the health care	Data shall be presented in the
Provider or	provider's or facility's license,	format of the entire license
Facility License	certificate or registration	number expressed numerically
Number	number if licensed by DOH. If	without any other characters [e.g.
	licensed by TDMHDD, this	– hyphen (-)] or spaces. Data for
	should be entered as "yes". If	a TDMHDD license should be
	not required to be licensed by	entered as "yes". If no license is
	either department, enter "NA".	required by DOH or TDMHDD,
		enter "NA".
(5)	This should be the date on	Data shall be in Gregorian USA
Date of Incident	which the incident occurred	format with a four (4) digit year
	that was the proximate cause	(MM/DD/YYYY). This means a
	of the medical malpractice	two (2) digit month (with leading
	claim.	zeros when necessary), a slash (/),
		a two (2) digit day (with leading
		zeros when necessary), a slash (/),
		and a four (4) digit year.
(6)	This should be the reason for	Data shall be chosen from a
Type of Claim	the medical malpractice claim.	listing of allegation group options
(Allegation Group)	The reporting entity must use	found on the commissioner's
	the same allegation group that	form.
	is used for mandatory	
	reporting to the National	
	Practitioner Data Bank.	
(7)	This should be the reason for	Data shall be chosen from a
Type of Claim	the medical malpractice claim.	listing of specific allegation code
(Specific	The reporting entity must use	options found on the
Allegation Code)	the same specific allegation	commissioner's form.
	code that is used for mandatory	Tommissioner S Tomi.
	reporting to the National	
	Practitioner Data Bank.	
(8)	This should be the type of	Data shall be chosen from a
Health Care	health care facility where the	listing of health care facility
Facility Type	medical malpractice incident	options found on the
1 acmy 1 ypc	occurred.	commissioner's form.
(0)		
(9)	This should be the primary	Data shall be in alpha-numeric

Haalth Cara	location within a facility will am	format and reflect the reviews
Health Care	location within a facility where	format and reflect the primary
Facility Location	the medical malpractice	location within a facility where
	incident occurred.	the medical malpractice incident
		occurred [e.g. – operating room].
(10)	This should be the address city	Data shall be in alpha format and
Incident Location	of the location where the	reflect the address city where the
City	medical malpractice incident	medical malpractice incident
	occurred.	occurred.
(11)	This should be the address	Data shall be chosen from a
Incident Location	county of the location where	listing of Tennessee county
County	the medical malpractice	options found on the
County	incident occurred.	commissioner's form.
(12)		
(12)	This should be the date on	Data shall be in Gregorian USA
Date of Notice	which notice was provided to	format with a four (4) digit year
	the insuring entity, self-insurer,	(MM/DD/YYYY). This means a
	facility or provider.	two (2) digit month (with leading
		zeros when necessary), a slash (/),
		a two (2) digit day (with leading
		zeros when necessary), a slash (/),
		and a four (4) digit year.
(13)	This should be the Social	Data shall be entered in numeric
Claimant's Social	Security Number held by the	format without any hyphens (-) or
Security Number	person making the claim.	spaces.
(14)	This should be the gender of	Data shall be chosen from a list
Injured Person's	the injured person.	provided on the commissioner's
Sex	the injured person.	form and the response is either
Sex		"male" or "female".
(15)	TPI: 1 111 41 C.1	
(15)	This should be the age of the	Data shall be presented as a
Injured Person's	injured person on the date of	numeral and should reflect the age
Age	the incident.	of the injured person as of the
		date of the incident.
(16)	This should be the severity of	Data shall be chosen from a
Severity of	the malpractice injury using	listing of severity codes found on
Malpractice Injury	the National Practitioner Data	the commissioner's form.
	Bank severity scale.	
(17)	This should be the policy	Data shall be presented as
Policy Limits	limits of the medical	currency data in units of U.S.
	professional liability insurance	dollars rounded to the nearest
	policy covering the claim.	whole dollar amount.
(18)	This should include an amount	Data shall be presented as
, ,		-
Asserted Damages	that has been asserted against a	currency data in units of U.S.
(other than set	reporting entity in a manner	dollars rounded to the nearest
forth in lawsuit)	other than by filing a lawsuit.	whole dollar amount. If data is
		entered in this column, no data
		should be entered in the column
		titled "Damages Claimed by

(20) This should be the date that any lawsuit was Filed (20) This should be the date that any lawsuit was filed asserting damages against a reporting entity. (21) Was there a judgment? (22) This should reflect whether or not the claim was adjudicated. (22) If there was a judgment in favor of? (23) Indigment by Out of State Court (24) Date of Judgment in favor of? (24) This should include the against a reporting entity in a lawsuit was filed asserting damages against a reporting entity. (25) This should reflect for whom the judgment was entered by an out-of-state court. (24) Date of Judgment (fi any) (25) This should be the date that any lawsuit was filed asserting damages against a reporting entity. Data shall be presented as currency data in units of U.S. dollars rounded to the nearest whole dollar amount. If data is entered in this column it ited "Asserted Damages (other than set forth in lawsuit)". Data shall be in Gregorian USA format with a four (4) digit year (MM/DD/YYYY). This means a two (2) digit day (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), and a four (4) digit year. Data shall be in Gregorian USA format with a four (4) digit year. Data will be chosen from a list provided on the commissioner's form and the response is either "yes" or "no". Data will be chosen from a list provide			Lawsuit".
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Trial?		form.
(26) Date of Final Indemnity (if applicable)	This should be the date in which the insuring entity, self-insurer, facility or provider made its final payment to the injured person.	Data shall be in Gregorian USA format with a four (4) digit year (MM/DD/YYYY). This means a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), and a four (4) digit year.
(27, Closed) Date Claim Was Closed	This should be the date in which final action was taken by insuring entity, self-insurer, facility or provider to close the claim.	Data shall be in Gregorian USA format with a four (4) digit year (MM/DD/YYYY). This means a two (2) digit month (with leading zeros when necessary), a slash (/), a two (2) digit day (with leading zeros when necessary), a slash (/), and a four (4) digit year.
(27, Pending – 28, Closed) Amount Paid by Settlement in 2008	This should include the total amount paid, including any deductible amount, during 2008 pursuant to a settlement between the injured person and the insuring entity, self-insurer, facility or provider. If there is more than one (1) defendant, this should include only the total indemnity paid by or on behalf of this defendant.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. If data is entered in this column, no data should be entered in the column titled "Amount Paid By Judgment" or "Amount Paid By ADR".
(28, Pending – 29, Closed) Economic Damages Paid Pursuant to Settlement During 2008	This should include the reporting entity's best estimate of the amount of economic damages included in the settlement and paid in 2008.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(29, Pending – 30, Closed) Non-Economic Damages Paid Pursuant to Settlement During 2008	This should include the reporting entity's best estimate of the amount of non-economic damages included in the settlement and paid in 2008.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(30, Pending – 31, Closed) Punitive Damages Paid Pursuant to	This should include the reporting entity's best estimate of the amount of punitive damages included in the	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.

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32 - Closed)	amount paid, including any	currency in units of U.S. dollars
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Judgment in 2008	2008 pursuant to a judgment	dollar amount. If data is entered
	against the insuring entity,	in this column, no data should be
	self-insurer, facility or	entered in the column titled
	provider. If there is more than	"Amount Paid by Settlement" or
	one (1) defendant, this should	"Amount Paid Pursuant to
	include only the total	(ADR)".
	indemnity paid by or on behalf	
	of this defendant.	
(32, Pending –	This should include the	Data shall be presented as
33, Closed)	amount of the judgment that	currency in units of U.S. dollars
Economic	was identified as economic	rounded to the nearest whole
Damages Paid	damages and paid in 2008.	dollar amount.
Pursuant to		
Judgment During		
2008		
(33, Pending –	This should include the	Data shall be presented as
34, Closed)	amount of the judgment that	currency in units of U.S. dollars
Non-Economic	was identified as non-	rounded to the nearest whole
Damages Paid	economic damages and paid in	dollar amount.
Pursuant to	2008.	
Judgment During 2008		
	This should include the	Data shall be presented as
(34, Pending – 35, Closed)	amount of the judgment that	Data shall be presented as currency in units of U.S. dollars
Punitive Damages	was identified as punitive	rounded to the nearest whole
Paid Pursuant to	damages and paid in 2008.	dollar amount.
Judgment During	damages and paid in 2006.	donar amount.
2008		
(35, Pending –	This should include the total	Data shall be presented as
36, Closed)	amount paid, including any	currency in units of U.S. dollars
Amount Paid	deductible amount, during	rounded to the nearest whole
Pursuant to	2008 pursuant to an alternative	dollar amount. If data is entered
Alternative	dispute resolution between the	in this column, no data should be
Dispute Resolution	injured person and the insuring	entered in the column titled
(ADR) in 2008	entity, self-insurer, facility or	"Amount Paid By Judgment" or
(121) 111 2000	provider. If there is more than	"Amount Paid By Settlement".
	one (1) defendant, this should	Timodic Faid By Socionione.
	include only the total	
	indemnity paid by or on behalf	
	of this defendant.	
(36, Pending –	This should include the	Data shall be presented as
(50, 1 chang	This should include the	2 am bliali de presented ab

37, Closed) Economic Damages Paid Pursuant to ADR During 2008	reporting entity's best estimate of the amount of economic damages included in the ADR and paid in 2008.	currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(37, Pending – 38, Closed) Non-Economic Damages Paid Pursuant to ADR During 2008	This should include the reporting entity's best estimate of the amount of non-economic damages included in the ADR and paid in 2008.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(38, Pending – 39, Closed) Punitive Damages Paid Pursuant to ADR During 2008	This should include the reporting entity's best estimate of the amount of punitive damages included in the ADR and paid in 2008.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(39, Pending – 40, Closed) Attorney Fees Paid to Defense Counsel During 2008	This should include the amount that was paid during 2008 to defend the medical malpractice claim. This should not include the expense related to expert witness fees, court costs, deposition costs, and other legal expenses	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(40, Pending – 41, Closed) Expert Witness Fees Paid in Defense of Claim During 2008	This should include the expert witness fees that were paid during 2008 by the reporting entity.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(41, Pending – 42, Closed) Court Costs Paid in Defense of Claim During 2008	This should include the court costs that were paid during 2008 by the reporting entity.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(42, Pending – 43, Closed) Deposition Cost Paid in Defense of Claim During 2008	This should include the deposition costs that were paid during 2008 by the reporting entity.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.
(43, Pending – 44, Closed) Other Legal Fees and/or Defense Costs Paid During 2008	This should include any other legal fees or defense costs not specifically identified that were paid during 2008 by the reporting entity.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount.

(44, Pending –	This should include the total	Data shall be presented as
45, Closed)	amount paid, including any	currency in units of U.S. dollars
Cumulative	deductible amount, pursuant to	rounded to the nearest whole
Amount Paid by	a settlement between the	dollar amount. This amount
Settlement From	claimant and reporting entity	should be equal to or greater than
Claim Inception	from the inception date of the	the amount entered in the column
Date thru 2008	claim through December 31,	titled "Amount Paid by
2000	2008. This amount includes	Settlement in 2008". If data is
	any 2008 payments. If there is	entered in this column, no data
	more than one (1) defendant,	should be entered in the column
	this should include only the	titled "Cumulative Amount Paid
	total indemnity paid by or on	By Judgment" or "Cumulative
	behalf of this defendant.	Amount Paid by ADR".
(45, Pending –	This should include the	Data shall be presented as
46, Closed)	reporting entity's best estimate	currency in units of U.S. dollars
Cumulative	of the amount of economic	rounded to the nearest whole
Economic	damages included in the	dollar amount. This amount
Damages Paid	settlement and paid from the	should be equal to or greater than
Pursuant to	inception date of the claim	the amount entered in the column
Settlement From	through December 31, 2008.	titled "Economic Damages Paid
Claim Inception	This amount includes any 2008	Pursuant to Settlement During
Date thru 2008	payments.	2008".
(46, Pending –	This should include the	Data shall be presented as
47, Closed)	reporting entity's best estimate	currency in units of U.S. dollars
Cumulative Non-	of the amount of non-	rounded to the nearest whole
Economic	economic damages included in	dollar amount. This amount
Damages Paid	the settlement and paid from	should be equal to or greater than
Pursuant to	the inception date of the claim	the amount entered in the column
Settlement From	through December 31, 2008.	titled "Non-Economic Damages
Claim Inception	This amount includes any 2008	Paid Pursuant to Settlement
Date thru 2008	payments.	During 2008".
(47, Pending –	This should include the	Data shall be presented as
48, Closed)	reporting entity's best estimate	currency in units of U.S. dollars
Cumulative	of the amount of punitive	rounded to the nearest whole
Punitive Damages	damages included in the	dollar amount. This amount
Paid Pursuant to	settlement and paid from the	should be equal to or greater than
Settlement From	inception date of the claim	the amount entered in the column
Claim Inception	through December 31, 2008.	titled "Punitive Damages Paid
Date thru 2008	This amount includes any 2008	Pursuant to Settlement During
	payments.	2008".
(48, Pending –	This should include the total	Data shall be presented as
49, Closed)	amount paid, including any	currency in units of U.S. dollars
Cumulative	deductible amount, pursuant	rounded to the nearest whole
Amount Paid by	to a judgment against the	dollar amount. This amount
Judgment From	reporting entity from the	should be equal to or greater than
Claim Inception	inception date of the claim	the amount entered in the column

Date thru 2008	through December 31, 2008.	titled "Amount Paid by Judgment
	This amount includes any 2008	During 2008". If data is entered
	payments. If there is more	in this column, no data should be
	than one (1) defendant, this	entered in the column titled
	should include only the total	"Cumulative Amount Paid By
	indemnity paid by or on behalf	Settlement" or "Cumulative
	of this defendant.	Amount Paid By ADR".
(49, Pending –	This should include the total	Data shall be presented as
50, Closed)	amount of economic damages	currency in units of U.S. dollars
Cumulative	included in the judgment and	rounded to the nearest whole
Economic	paid from the inception date of	dollar amount. This amount
Damages Paid	the claim through December	should be equal to or greater than
Pursuant to	31, 2008. This amount	the amount entered in the column
Judgment From	includes any 2008 payments.	titled "Economic Damages Paid
Claim Inception		Pursuant to Judgment During
Date thru 2008		2008".
(50, Pending –	This should include the total	Data shall be presented as
51, Closed)	amount of non-economic	currency in units of U.S. dollars
Cumulative Non-	damages included in the	rounded to the nearest whole
Economic	judgment and paid from the	dollar amount. This amount
Damages Paid	inception date of the claim	should be equal to or greater than
Pursuant to	through December 31, 2008.	the amount entered in the column
Judgment From	This amount includes any 2008	titled "Non-Economic Damages
Claim Inception	payments.	Paid Pursuant to Judgment During
Date thru 2008		2008".
(51, Pending –	This should include the total	Data shall be presented as
52, Closed)	amount of punitive damages	currency in units of U.S. dollars
Cumulative	included in the judgment and	rounded to the nearest whole
Punitive Damages	paid from the inception date of	dollar amount. This amount
Paid Pursuant to	the claim through December	should be equal to or greater than
Judgment From	31, 2008. This amount	the amount entered in the column
Claim Inception	includes any 2008 payments.	titled "Punitive Damages Paid
Date thru 2008		Pursuant to Judgment During
		2008".
(52, Pending –	This should include the total	Data shall be presented as
53, Closed)	amount paid, including any	currency in units of U.S. dollars
Cumulative	deductible amount, pursuant	rounded to the nearest whole
Amount Paid by	to a ADR between the claimant	dollar amount. This amount
Alternative	and reporting entity from the	should be equal to or greater than
Dispute Resolution	inception date of the claim	the amount entered in the column
(ADR) From	through December 31, 2008.	titled "Amount Paid Pursuant to
Claim Inception	This amount includes any 2008	Alternative Dispute Resolution
Date thru 2008	payments. If there is more	(ADR) During 2008". If data is
	than one (1) defendant, this	entered in this column, no data
	should include only the total	should be entered in the column
	indemnity paid by or on behalf	titled "Cumulative Amount Paid

	of this defendant.	By Judgment" or "Cumulative Amount Paid by Settlement".
(53, Pending – 54, Closed) Cumulative Economic Damages Paid Pursuant to ADR From Claim Inception Date thru 2008	This should include the total amount of economic damages included in the ADR and paid from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Economic Damages Paid Pursuant to ADR During 2008".
(54, Pending – 55, Closed) Cumulative Non- Economic Damages Paid Pursuant to ADR From Claim Inception Date thru 2008	This should include the total amount of non-economic damages included in the ADR and paid from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Non-Economic Damages Paid Pursuant to ADR During 2008".
(55, Pending – 56, Closed) Cumulative Punitive Damages Paid Pursuant to ADR From Claim Inception Date thru 2008	This should include the total amount of punitive damages included in the ADR and paid from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Punitive Damages Paid Pursuant to ADR During 2008".
(56, Pending – 57, Closed) Cumulative Attorney Fees Paid to Defense Counsel From Claim Inception Date thru 2008	This should include the total amount that was paid to defend the medical malpractice claim from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments. This should not include the expense related to expert witness fees, court costs, deposition costs, and other legal expenses	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Attorney Fees Paid to Defense Counsel During 2008".
(57, Pending – 58, Closed) Cumulative Expert Witness Fees Paid in Defense From Claim Inception Date thru 2008	This should include the total amount of expert witness fees that were paid by the reporting entity from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Expert Witness Fees Paid

		in Defense of Claim During 2008".
(58, Pending – 59, Closed) Cumulative Court Costs Paid in Defense From	This should include the total amount of court costs that were paid by the reporting entity from the inception date of the claim through December 31,	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than
Claim Inception Date thru 2008	2008. This amount includes any 2008 payments.	the amount entered in the column titled "Court Costs Paid in Defense of Claim During 2008".
(59, Pending – 60, Closed) Cumulative Deposition Costs Paid in Defense From Claim Inception Date thru 2008	This should include the total amount of deposition costs that were paid by the reporting entity from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Deposition Cost Paid in Defense of Claim During 2008".
(60, Pending – 61, Closed) Cumulative Other Legal Fees and/or Defense Costs Paid From Claim Inception Date thru 2008	This should include the total amount of other legal fees and/or defense costs that were paid by the reporting entity from the inception date of the claim through December 31, 2008. This amount includes any 2008 payments.	Data shall be presented as currency in units of U.S. dollars rounded to the nearest whole dollar amount. This amount should be equal to or greater than the amount entered in the column titled "Other Legal Fees and/or Defense Costs Paid During 2008".
(61, Pending – 62, Closed) Claimant's Attorney First Name	This should be the first name of the attorney representing the claimant and who received attorney fees for representing the claimant.	Data shall be in alpha-numeric format. If more than one attorney represented the claimant and received fees, a separate Excel worksheet should be prepared identifying the claim number, name and address of the additional attorney(s) in the same name format as presented on the commissioner's form.
(62, Pending – 63, Closed) Claimant's Attorney Middle Name	This should be the middle name of the attorney representing the claimant and who received attorney fees for representing the claimant.	Data shall be in alpha-numeric format. If more than one attorney represented the claimant and received fees, a separate Excel worksheet should be prepared identifying the claim number, name and address of the additional attorney(s) in the same name format as presented on the

		commissioner's form.
(63, Pending – 64, Closed) Claimant's Attorney Last Name	This should be the last name of the attorney representing the claimant and who received attorney fees for representing the claimant.	Data shall be in alpha-numeric format. If more than one attorney represented the claimant and received fees, a separate Excel worksheet should be prepared identifying the claim number, name and address of the additional attorney(s) in the same name format as presented on the commissioner's form.
(64, Pending – 65, Closed) Claimant Attorney's Mailing Address	This should be the complete mailing address of the claimant's attorney.	Data should be entered in alphanumeric format and reflect the complete mailing address of the claimant's attorney. The first line of the address should be entered first, followed by a comma (,), the second address line, followed by a comma (,), the city, followed by a comma (,), address state (consisting of two (2) capitalized characters conforming to the U. S. Postal Service's state abbreviations conventions), followed by a comma (,), and the zip code (consisting of a five (5) digit numeral and may be followed by the U. S. Postal Service's "+4" code, in which the sixth character must be a hyphen (-) with the seventh, eighth, ninth and tenth characters being numerals).
(65, Pending – 66, Closed) Disclosed on a Previous Years' Pending Claims Spreadsheet?	This should state if a claim has been disclosed on report forms submitted to the State of Tennessee in previous years.	Data will be chosen from a list found on the commissioner's form and the response is either "yes" or "no".

Information Not in the Reporting Entity's Control

If information is not reported because it is not within the control of the reporting entity, the reporting entity should document the action(s) it undertook in an effort to obtain such information and provide such documentation to the Department. The Department expects the reporting entity to use due diligence to discern the facts required to be reported.

Please note that this instruction does not apply to the license existence or license number of the healthcare provider or facility. Such license information is readily accessible on the Tennessee Department of Health or Tennessee Department of Mental Health & Development Disabilities websites as noted above and must be included in the reporting form. Failure to provide such information will cause the reporting entity to be in non-compliance and penalties outlined in the Act may apply.

Penalties

Failure to submit all required information in the reporting form prescribed by the Commissioner on or before the March 2 deadline may subject a reporting entity to the penalties set forth in Tenn. Code Ann. § 56-54-109.

Determining the applicability of the Act is the responsibility of each reporting entity.

Contact Information

A completed and compliant reporting form should be marked "Confidential" and mailed to the address listed below.

Questions should be sent in writing via U.S. Mail, hand delivered, facsimile, or electronic message to the following:

Tennessee Medical Malpractice Reporting c/o Ms. Jacquie Fortenberry
Tennessee Department of Commerce and Insurance
Insurance Division – Policy Analysis Section
Davy Crockett Tower, Fourth Floor
500 James Robertson Parkway
Nashville, Tennessee 37243-1133
Telephone: (615) 532-5340

Facsimile: (615) 741-0648

Jacquie.Fortenberry@state.tn.us